MDR Tracking Number: M5-04-3065-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-17-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits (with and without manipulation), individual psychotherapy, preparation of report, chiropractic manipulative treatments (spinal and extraspinal), self care management training, gait training, therapeutic exercises, neuromuscular re-education, and manual therapy techniques rendered from 6/13/03 through 2/24/04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, the request for reimbursement for dates of service 6/13/03 through 2/24/04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of August 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

July 30, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-3065-01
TWCC#:
Injured Employee:

DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor: correspondence, office notes, daily notes, operative and radiology reports.
Information provided by Respondent: designated doctor exams.
Information provided by Pain Management Specialist: office notes and operative reports.

The patient received an aggressive treatment program for an on the job injury. She was evaluated and placed at maximum medical improvement on 8/27/02 with a 0% whole person impairment. She did have an MRI, which revealed severe degenerative joint disease. This joint disease in of itself could not have been caused by on the job injury. However, this on the job injury did aggravate her pre-existing condition. She underwent an aggressive treatment program for an extended period of time. The denied services are those rendered from 6/13/03 through 2/24/04 and listed above.

Clinical History:
The patient sustained a work-related injury to her leg on ___. She began physical therapy and chiropractic manipulation with the provider on 5/3/02. She underwent an aggressive treatment program for an extended period of time.

Disputed Services:
Office visits w/manipulation, office visits, individual psychotherapy, preparation of report, chiropractic manipulation-spinal-1 or 2 regions, self-care management training, CMT extra-spinal-1 or more regions, gait training, therapeutic exercises, neuromuscular re-education, and manual therapy from 06/13/03 thru 02/24/04.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

Rationale:
National treatment guidelines allow for this type of treatment for this type of injury; however, not to the frequency, intensity, magnitude, and duration this patient has received. There are no national treatment guidelines to allow for ongoing treatment of this nature in excess of one year post injury date. In fact, there are various office notes that indicate the patient was to continue her home exercise program and medication. This fact confirms the idea the patient did not need an aggressive in office treatment program.

There is no clinical justification and/or documentation that would warrant this patient to receive office visits with manipulation, office visits, individual psychotherapy, preparation report, chiropractic manipulation-spinal-1 or 2 regions, self-care management training, CMT extraspinal-1 or more regions, gait training, therapeutic exercises, neuromuscular reeducation, and manual therapy from 6/13/03 through 2/24/04. Based on these office notes that were reviewed, this patient was capable of performing and functioning well on a home exercise program and medication.

Sincerely,